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The psychological, psychotherapeutic and medical dimensions of the activities of social services in Poland

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Summary

This paper is an attempt to look at the functioning of social services in Poland from an interdisciplinary perspective, presenting common areas of activity of socio-pedagogical, psychological, psychotherapeutic and medical professionals. We consider not only the literature on the subject, but also our own research. Our goal was also to identify areas of interdisciplinary scientific cooperation, including in research. Such cooperation could help generate new research problems to study in interdisciplinary teams.

social work, psychiatry, psychotherapy, psychology

INTRODUCTION

Social services is the research and theoretical domain of social sciences. These include sociology, social policy and pedagogy, in particular social pedagogy [1]. Disciplinary affiliation is associated with a traditional approach to the direction of thinking about social services. The foundations of scientific reflection on professional help offered to the other person were traditionally shaped within the scope of social sciences [2]. Depending on the dominating discipline, issues of social work, social services or social welfare institutions considered in the political system, including a legal, economic, and above all, a social perspective, were developed on the basis of Anglo-Saxon or Francophone traditions and grounded in sociology. On the other hand, on the European continent (Germanic, Balkan or Slavic nations) they were influenced by pedagogy (especially social pedagogy). Scientific influence conditioned the perspective on key research problems, methodical issues or program developments and systemic social services in different traditions and cultures of social activity. The interdisciplinary approach to the theory and practice of helping and assisting people in solving their social problems now results in the inclusion of other disciplines into the theoretical reflection. These include psychology, in particular social psychology and clinical psychology, medicine, especially psychiatry, theology, as well as family sciences referred to as familiology. Each discipline brings new and valuable components to theoretical reflection and social service practice. They help facilitate new theories, designate key research areas and create methodological models. The last in particular support practitioners in the implementation of tasks related to care, assistance, integration or crisis intervention.

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This reflection is an attempt to look at the issue of social services' functioning from an interdisciplinary perspective. In particular, three views are intertwined here: that of pedagogy (social pedagogy) [2], psychology (in particular clinical psychology, health and medical psychology) [3-7] and medicine (psychiatry and psychotherapy) [8,9]. The rationale for this selection of perspectives was the scientific affiliation of the authors of this article. They represent appropriately indicated doctrinal areas, as well as experiencing the so-called interface between the theory and practice of everyday work with individuals, families or social groups. The subject presentation is based on an interdisciplinary analysis of basic issues related to the theoretical and methodological potential of particular fields of science, supplemented with our past research. This focused on help, support and human development in crisis situations, as well as education and cooperation of social services in the implementation of systemic tasks of Polish programs of assistance and integration.

The aim of this reflection is to explore the potential for cooperation between specialists with a psychological or medical affiliation and traditionally constituted representatives of social services. In addition, we wish to identify areas of interdisciplinary scientific collaboration, including research, which could result in generating new research problems and solutions centered around the issues of therapy, psychotherapy or psychiatry [10-14]. It is not a comparative analysis conducted from various scientific points of view, but an attempt to present the subject matter from a shared socio-pedagogical, psychological and medical experience. The need to join forces is evidenced by the results of surveys carried out among social services' employees, as well as the directions of academic discourse within the environment focused on the issues of social activity [15,16].

Social services, psychological, psychotherapeutic and medical environments: common areas

The sources of social problems addressed by qualified social workers supported by professionals with appropriate psychological, psychotherapeutic and medical sciences are one of the areas common to particular types of public services. The issue of social problems as well as social issues that are considered in the systemic perspective is the domain of political analysis. They fit into the area of social policy research. The measure of these searches is the scale of a macro – or mesosystem [17-19]. This is typical for science, whose main subject is the system and its determinants. The micro perspective focusing on individual cases of nuisances of the human life is in turn the domain of another branch of science – sociology, and in the continental Europe also social pedagogy. On this ground, social problems that occur in the collective dimension of family, neighborhood, professional or school life, etc. are presented [20,21]. In addition, the theoretical achievements of modern psychology play an important role in the understanding of social mechanisms that generate various anomalies in human functioning. Several psychological subdisciplines have contributed to the development of various theories applicable in the practice of social services, such as the psychoanalytical, behavioral and cognitive approaches, in particular attachment theories [22].This applies both to the conceptualization of social activity programs and to the implementation of specific tasks that are part of the process of addressing the problems and social issues. The phenomenon of coupling the dysfunctions experienced in individual cases of people, families or even social groups results in mental health disorders, which in turn leads to broadening the field of scientific analysis and seeking solutions based on theoretical achievements in medicine, in particular psychiatry or neuropsychiatry [1,23,24].

Loss

The validity of combining psychological, medical and social forces, which will facilitate a reaction to the sources of problems triggering dysfunctions in social life, is supported by a catalog of situations that explicitly reveal the need for this cooperation. These are, above all, those moments in the human life that are related to loss. This includes loss of a subject (death or parting with a close person, loss of health or locomotion abilities, for example in a tragic accident, etc.) or

an object (loss of a job, loss of accommodation, property, loss of health, for instance in chronic diseases, etc.) [25,26]. These also involve natural disasters, when loss occurs on a grand scale, as well as war experiences, experiences of imprisonment, kidnappings and other such events that require professional support directed at victims of crisis situations caused by natural disasters, war conflagrations, terrorism etc. [27,28]. Loss can be accompanied by physical health symptoms that can result in a periodic disturbance of mental balance, which can lead to permanent (negative) changes in the future.

A slightly different type of situation in which a person requires psychological and in special cases also medical support is addiction. In this case, the domain of social services is to recognize the difficulties and direct the reform process, involving specialists in the field of psychology, psychotherapy or psychiatry [29]. Interprofessional cooperation may be particularly beneficial in addictions such as alcoholism, drug addiction, cyber dependence, addiction to gambling or sex addiction. Each of the addiction categories leads to disturbances in the family, social or professional life. This, undoubtedly, calls for corrective and preventive actions. In both types of social activity, it is also necessary to combine the forces of professionals who, drawing on their scientific background, will contribute to raising the everyday life culture of individuals and social groups.

Violence and criminality

Situations in which law is violated, including in particular those related to violence, determine another area in which cooperation between social services and psychological, psychotherapeutic and medical specialists is important. Interprofessional and integrated aid interactions are directed in this case at two groups of people – victims and perpetrators, and also to close relatives of both. In the case of people experiencing violence or being victims of other criminal acts, social services are again responsible most often for coordinating assistance delivered by various specialists and providing ongoing support to the person. With regard to perpetrators, the activities of social workers in cooperation with other professionals and undertaken within the framework of social rehabilitation, the penitentiary and post-penitentiary systems, and are aimed at social rehabilitation and reintegration enabling independent, satisfactory and legal compliance of perpetrators in the social environment [30]. It is worth mentioning here that problem/criminal behavior can be considered not only in an individual perspective but in a broader approach, and requires the help of various educational, mediation, preventive and other agencies concerned with the protection of human rights.

Illness

There is no doubt that the experience of disease with a somatic (cancers, cardiological diseases, diabetes and other types of chronic illness) or psychological (neuroses, depressions, psychoses, etc.) background is also associated with a decline in mental condition [2,9,25]. Effective support in this case requires the cooperation of social services with psychologists, psychotherapists or doctors of other specialties. It may not be enough to complete a supplementary course while studying social work. Instead, it may be necessary to use the professional knowledge and skills acquired during the course of specialized studies in a given field of science. A similar disciplinary dependency results from the need to make a diagnosis based on tools typical for a given profession. The use of specific diagnostic tests, such as the WAIS-R Intelligence Test [31], the NEO-PI-R Personality Inventory [32] or the MMPI-2 personality test [33], requires appropriate competences that are developed during the so-called ingrown into a professional reality. This depends on the ability to accurately interpret the person's assessment, which without experience and an ability to combine all the individual elements accompanying the diagnosis itself can lead to erroneous conclusions and possible errors in the person's management.

Occupational therapy

Occupational support is another category in which the cooperation of social services with psychologists and psychotherapists may be im-

portant. It is connected with supersupervision, which in Poland was influenced by the Anglo-Saxon tradition [34]. It is worth mentioning that apart from supervision, models of methodological support have been developed in Poland drawing on the developments in pedagogical studies from the beginning of the 20th century. They supported social and educational service professionals in addressing the practical difficulties of everyday professional life. The dynamic development of social work supervision in Poland recognized as a systemic component of support in social assistance and inclusion services justifies another area of utilization of psychological competences in the discussed scope [35].

INFLUENCE

Another criterion which may support the legitimacy of the postulated cooperation of social services, medicine and psychology is the subject of influence. This concerns in particular the users of services offered by the social assistance and integration system. Complex and conjugated life situations may call for competences of not only social educators, sociologists or social politicians, but also psychologists, psychotherapists and psychiatrists, along with the supporting staff. The service users in this case can include lone dependents, chronically ill people, elderly people requiring social and medical support, people with addictions, people experiencing a crisis, homeless people, unemployed people, people with disabilities, as well as children, young people, parents and entire families. Each of these groups, when in a dysfunctional life situation, may receive certain interprofessional services. Depending on the specific situation requiring support, they may be delivered by social workers, psychologists, psychotherapists and psychiatrists.

With regard to the above-mentioned user groups, one can indicate a catalog of services addressed to individual beneficiaries of the social assistance and integration system. They cover a broad spectrum of impact and concern the areas of psychological and psychiatric diagnosis, counseling, support, psychotherapy, addiction therapy, psychiatric treatment, crisis intervention and supervision in relation to social service practitioners. Each service constitutes a specific task in the list of goals assigned to social assistance in the Act on Social Assistance in Poland [36].

Following the above-mentioned catalog of services, it is possible to designate professionals that may become natural partners for social service professionals in the implementation of social assistance and social integration. In addition to psychologists and psychiatrists, there are also therapists, psychological counselors, crisis intervention specialists and supervisors who built their professional competences on the foundations of psychology and medical sciences. It is worth adding that surveys conducted among social workers employed in social welfare centers in two major Polish cities, Wroclaw and Krakow, demonstrate a willingness to cooperate with such professionals [15,16].

Vocational education

The last criterion justifying the consideration of social services in the context of interdisciplinary and interprofessional cooperation is vocational education. On this ground there are also strong associations of psychological and medical knowledge necessary in social services. In studies of social workers, respondents have called for enriching their educational and vocational training programs with new discoveries in the fields of psychology, including social and clinical psychology, and psychiatry as well as therapeutic approaches (schools) that they may encounter in everyday professional cooperation [15,16]. It should be added that research participants expressed the need for further studies as part of their vocational retraining. However, these were declarations regarding perceived needs in the area of saturation of educational programs with specific content. According to the respondents, competence in this area will improve joint activities of various kinds of social professions, from social assistance and integration, through education, health care, policing, judiciary, to self-government and public administration. Hence, in addition to psychological and medical knowledge, legal, administrative, pedagogical and methodological issues were also reported. In the context of this analysis, these suggestions, which

show that respondents would be keen to engage in more than just instrumental forms of cooperation, are noteworthy. It can even be assumed that social workers may be interested in deepening their knowledge of the perspectives that guide their partners. This indirectly not only reveals positive attitudes towards interprofessional cooperation, but is a kind of declaration of this cooperation. An attempt to respond to the needs of developing university education programs reported by Polish employees based on of social services including interprofessional education [37,38]. As part of the workshop classes in which various professionals take part, students are prepared for teamwork, taught interprofessional communication, learn the specifics of particular professional roles and their applications in the joint action with the goal of helping others.

CONCLUSIONS

The idea of cooperation between social, medical and psychological professionals presented in this paper may raise some key questions for academic consideration. It is worth exploring the actual state of interdisciplinary cooperation regarding the diagnosis of human problems and the creation of theoretical models based on the results of our research. These are certainly not new issues, but that they are valid is confirmed by everyday practice of social service professionals such as family assistants, foster care coordinators, social workers, assistants of the disabled, carers of the elderly, community carers and other professionals who are active in everyday life institutions and organizations of the social assistance and integration system. Considering the possibilities of interdisciplinary cooperation in the field of research and theorizing work, the question is what science can give to practice, how work carried out at universities can support the everyday social services addressed to specific people, families, social groups or entire communities. Such questions are certainly worth asking and specific actions can be undertaken that will result in new theories and models of methodical social service, strengthening the human position in the processes of civilizational and technological development of the 21st century.

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